

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Heidi

2. Surname (Last Name)  
Nelson

3. Date  
25-June-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dik Habbema

5. Manuscript Title  
Models in the Development of Clinical Practice Guidelines

6. Manuscript Identifying Number (if you know it)  
M14-0845

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Nelson has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Kuntz	3. Date 25-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
6. Manuscript Identifying Number (if you know it) M14-0845		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kuntz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Lawrence	3. Date 26-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dik Habbema
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
6. Manuscript Identifying Number (if you know it) M14-0845		

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr. Lawrence has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Clyde	2. Surname (Last Name) Schechter	3. Date 26-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J. Dik Habbema
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
6. Manuscript Identifying Number (if you know it) M14-0845		

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Dr. Schechter has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Timothy	2. Surname (Last Name) Wilt	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Habbema
5. Manuscript Title "Models in the Development of Clinical Practice Guidelines"		
6. Manuscript Identifying Number (if you know it) M14-0845		

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I am or was a member of clinical practice guideline groups including for the US Preventive Services Task Force and the American College of Physicians. These groups have used models in the development of some of their clinical practice guidelines.

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Dr. Wilt reports: I am or was a member of clinical practice guideline groups including for the US Preventive Services Task Force and the American College of Physicians. These groups have used models in the development of some of their clinical practice guidelines. .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ruth	2. Surname (Last Name) Etzioni	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.D.F. Habbema
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
6. Manuscript Identifying Number (if you know it) M14-0845		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Etzioni has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Dik

2. Surname (Last Name)

Habbema

3. Date

27-June-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Models in the Development of Clinical Practice Guidelines

6. Manuscript Identifying Number (if you know it)

M14-0845

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Joy	2. Surname (Last Name) Melnikow	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.Dik.F. Habbema, PhD
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Owens	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name j d f habbema
5. Manuscript Title Models in the Development of Clinical Practice Guidelines		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Feuer	3. Date 27-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Habbema
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